Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03-10-2009	Address:	<u>CR 900 E. just</u>	
Case #:	<u>16F18760</u>		(S) of CR 550 N.	
County:	Fulion (25)			
Type of Laboratory Scizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Hotel/Motel		
Chemic Dumpsi	al/Glassware/Equipment (only) te (only)	Outbuilding Vehicle	Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): outdoors Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): outdoors Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): outdoors Corrosive Acid: Corrosive Base: Other (item and location):				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencia		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:N/A		
	Fire Department: Mintone Fire Dept. Fax: e-mailed			
Health Department: Fulton County		Fax: 574-223-2335		
Child Protection Service: N/A				
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>T.J. Zeiser</u> Phone <u>765-473-6666</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention,